

**INSTRUCTIONS  
for obtaining a**

**Type III Modification  
To Solid Waste Management  
Facility Permit**

pursuant to  
**RSA 149-M and New Hampshire Solid Waste Administrative Rules Env-Sw 315 and Env-Sw 305.06(b)**

Read these instructions before completing the attached form. For additional assistance contact the New Hampshire Department of Environmental Services (DES), Permitting & Design Review Section at (603) 271-2925 or the below noted mailing address or TDD Access: Relay NH 1-800-735-2964.

**Note:** All references on this form beginning with "Env-Sw" are citations from the New Hampshire Solid Waste Rules. To obtain a copy of the Rules, contact the DES Public Information & Permitting Office at (603) 271-2975 or above noted TDD Access. The Rules are also available on the Internet at <http://www.des.nh.gov>.

Complete the attached form to obtain a "type III permit modification" pursuant to RSA 149-M, Env-Sw 315 and Env-Sw 305.06(b). A "type III permit modification" is limited to one of the modifications listed in Section III of the attached form. **[Note: An application for a type III permit modification can only be filed by a permittee who is able to certify compliance as specified in Section V of the attached form. If unable to certify compliance, the proposed modification must instead be submitted as a "type I-B permit modification."]**

All requested information must be provided as indicated on the attached form. Do **NOT** skip any question, unless instructed to do so. Do **NOT** mark any question "not applicable." If you need more space than provided on the form to answer a particular question and are using a paper copy of this form, attach additional pages as necessary; mark each page clearly to show both the applicant name and the question being answered; and indicate on the form that additional pages are attached.

Submit **FOUR** copies of the completed form, **EACH bearing ORIGINAL signatures**, to the following address:

**NH Department of Environmental Services (DES)  
Waste Management Division (WMD)  
Permitting & Design Review Section (P&DRS)  
29 Hazen Drive, PO Box 95  
Concord, NH 03302-0095**

Include postage paid legal sized envelopes addressed, in type written or handwritten block letters, to yourself (i.e., the permittee/applicant); the host municipality; and the host solid waste management district. If you need assistance in determining the latter, please contact the host town/city office or the DES Permitting & Design Review Section at (603) 271-2925.

At the same time that you submit the application to DES, send a copy of the application to the host municipality and host solid waste management district. Include a note stating that you are filing the application with DES and that the copy is provided for informational purposes as required by the New Hampshire Solid Waste Rules.

**Note:** There is no fee for filing an application for a type III permit modification.

A type III permit modification can only be issued based on complete and accurate information. **Therefore, failure to follow these instructions as specified shall result in DENIAL of the requested permit modification.** However, denial of a requested type III permit modification due to incomplete information or failure to correctly file all requested information shall not preclude the permittee/applicant from resubmitting the application with the deficiencies corrected.

Following receipt of an application for a type III permit modification; DES will determine whether all information is provided as specified. Response will be made by returning a copy of the completed form, marked either "granted" or "denied." If marked "granted," the completed form, bearing the Director's signature and DES dated receipt stamp, will serve as the approved permit modification. If marked "denied," the deficiencies will be noted on the form. A copy of the processed form will also be sent to the host municipality and host solid waste management district, for their use and information.

**For Office Use Only:**

WMD Log #: \_\_\_\_\_

Date Rec'd.: \_\_\_\_\_

No. of Copies: \_\_\_\_\_

Waste Management Division

APPLICATION FORM FOR

# Type III Modification To Solid Waste Management Facility Permit

pursuant to  
RSA 149-M and New Hampshire Solid Waste Administrative Rules Env-Sw 315 and Env-Sw 305.06(b)

**FOR DES OFFICE USE ONLY DO NOT WRITE IN THIS SHADED BOX**☐ **The requested permit modification is hereby GRANTED.**

This completed form, bearing a DES dated receipt stamp and signature, shall serve as the approved permit modification. The approval applies only as described herein on this form, subject to all applicable statutes and rules, including RSA 149-M and the New Hampshire Solid Waste Rules, as amended. Issuance of this permit modification is based solely on representations by the applicant/permittee. No liability is incurred by the state of New Hampshire by reason of this approval. This approval shall not affect the permittee's obligation to obtain all requisite federal, state, district or local approvals and to comply with all other applicable statutes and rules. The permittee shall attach the approved modification to the permit and keep a copy with the facility operating records.

\_\_\_\_\_  
Michael J. Wimsatt, P.G., Director, WMD\_\_\_\_\_  
Date☐ **The requested permit modification is hereby DENIED due to:**

- ☐ Incomplete, conflicting or ambiguous information, as indicated by highlighting.
- ☐ Insufficient copies.
- ☐ No signature or failure to provide original signatures on all copies filed.
- ☐ Other (specify): \_\_\_\_\_

Denial shall not preclude the applicant from later obtaining a permit modification by resubmitting an application that corrects the above noted deficiency(s). Questions may be directed to the person whose business card is stapled to this form. Rights of appeal exist pursuant to RSA 21-O:9,V.

\_\_\_\_\_  
Michael J. Wimsatt, P.G., Director, WMD\_\_\_\_\_  
Date**SECTION I. FACILITY IDENTIFICATION**

(1)	Facility name:
(2)	Facility functional classification: <input type="checkbox"/> collection/storage/transfer <input type="checkbox"/> processing/treatment <input type="checkbox"/> landfill
(3)	Facility mailing address:
(4)	Facility location, by street address and municipality:
(5)	Permit number:

## SECTION II. PERMITTEE/APPLICANT IDENTIFICATION

(1)	Name of permittee/applicant:		
(2)	Permittee/applicant mailing address:		
(3)	Permittee/applicant telephone number:		
(4)	If different than above, identify the individual associated with and designated by the permittee/applicant to be the contact individual for matters concerning this application:		
	(a) Name:	(b)	Title:
	(c) Mailing address:		
	(d) Telephone number:		

## SECTION III. DESCRIPTION OF THE PROPOSED MODIFICATION

Check which of the following proposed facility modifications apply and provide additional information as specified.

(1)	<input type="checkbox"/>	The subject facility is changing its operating hours to the following: (Fill in the hours the facility will be open each day. Hours outside a 6 AM to 6 PM window are prohibited unless in accordance with an alternative window specified in the permit as previously issued or unless the facility is a limited private facility receiving no waste from off-site locations.)						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(2)	<input type="checkbox"/>	The subject facility is changing an aboveground site feature in a manner that will improve facility operations within the limits specified in the permit and will not alter the permitted function of the facility or change the basis of the approved facility design or violate any applicable siting criteria specified in the Solid Waste Rules (Env-Sw 100-300 and 400-2000). The change is briefly described below and is shown on the attached site plan(s). (Describe the change in the space provided below and attach a site plan showing the changed feature):						
(3)	<input type="checkbox"/>	The subject facility is changing the type of recyclables collected, by adding the types indicated in the table below. The change does not increase the storage capacity of the facility nor alter the requirements of any financial assurance plan:						
		Check if being added	Type of Recyclable	Method of Storage: (e.g., specify whether the material is stored on the ground, in outdoor transfer containers, in a building, covered, uncovered, etc.; Method of storage must protect/preserve the market value of the material in order not to affect financial assurance plans.)				
		<input type="checkbox"/>	Paper					
		<input type="checkbox"/>	Cardboard					
		<input type="checkbox"/>	Plastic					
		<input type="checkbox"/>	Glass					
		<input type="checkbox"/>	Ferrous Metal					
		<input type="checkbox"/>	Non-Ferrous Metal					
		<input type="checkbox"/>	Textiles					
(4)	<input type="checkbox"/>	The subject facility is changing the type of landfill cover material to be used, to include the type(s) indicated in the table below. (In column #1, check all that apply and, in column #3, provide the source of the cover material):						
		Check Type(s) Used	Type of Alternative Daily/Working Face Cover Material	Source of Cover Material (i.e., manufacturer or generator name and location)				
		<input type="checkbox"/>	Geosynthetic tarps, subject to meeting the requirements in Env-Sw 806.03(b)					
		<input type="checkbox"/>	Casting sands, subject to meeting the requirements in Env-Sw 806.03(b)					
		<input type="checkbox"/>	Contaminated soils, subject to meeting the requirements in Env-Sw 903.05 and Env-Sw 806.03(b)					
		<input type="checkbox"/>	Other waste certified pursuant to Env-Sw 1500 for distribution and use as cover material, subject to meeting the requirements in Env-Sw 806.03(b). (Specify type below):					
(5)	<input type="checkbox"/>	The permittee or facility is changing its name from: _____ to _____ and, as required by Env-Sw 305.06(e), will publish a notice of the name change in a newspaper of general circulation in the host municipality and host solid waste district within 10 days after the effective date of the modification and will send a copy of the published notice to DES within 10 days following publication.						
(6)	<input type="checkbox"/>	The permittee or facility is changing its organizational structure, individuals or entities holding 10% or more of the permittee's equity or debt, officers, directors, partners, and/or individuals/entities having managerial or supervisory or substantial decision-making authority and responsibility for facility operations, AND the change does not constitute a change in ownership or operational control of the facility. A precise description of the change is provided below. In addition, I have attached proof of operator certification if the proposed change requires a change in operator certification pursuant to Env-Sw 1600 and Env-Sw 1005.07.						
		Describe the change:						

## SECTION IV. SCHEDULE FOR IMPLEMENTING THE MODIFICATION

Provide the date the proposed modification is scheduled to be effected at the subject facility:

## SECTION V. CERTIFICATION OF COMPLIANCE

- (1) All applications for a type III permit modification must be submitted with certification of compliance by the permittee. [If unable to certify that each of the below statements is true, you cannot effect the proposed change through the provisions of a type III permit modification. Instead, you may only effect the proposed change by applying for a type I-B permit modification pursuant to Env-Sw 315. Contact the P&DRS at (603) 271-2925 to obtain the required forms and additional assistance as necessary.]
- (2) If this application is for a change in organizational structure, or a change in individuals/entities holding 10% or more of the permittee's debt or equity, or a change in individuals/entities having managerial or supervisory or substantial decision-making authority and responsibility for facility operations, or a change in officers, directors, or partners, the compliance statement also must be signed by each new individual/entity. If you require more signature lines than provided and are using a paper copy of this form, photocopy this page and provide the additional required signatures on the photocopied page(s). If you are using a disk copy of this form, create additional signature lines as needed by following the instructions provided on the disk.

### COMPLIANCE STATEMENT

The applicant shall certify that each of the statements listed in (1)-(8) below are true for each of the following individuals and entities:

- ☐ The applicant  
☐ The facility owner  
☐ The facility operator  
☐ All individuals and entities holding 10% or more of the applicant's debt or equity  
☐ All of the applicant's officers, directors, and partners  
☐ All individuals and entities having managerial, supervisory or substantial decision-making authority and responsibility for the management of facility operations or the activity(s) for which approval is being sought

- |     |   |
|-----|---|
| (1) | No individual or entity listed above has been convicted of or plead guilty or no contest to a felony in any state or federal court during the 5 years before the date of the application.   |
| (2) | No individual or entity listed above has been convicted of or plead guilty or no contest to a misdemeanor for a violation of environmental statutes or rules in any state or federal court during the 5 years before the date of the application.   |
| (3) | No individual or entity listed above has owned or operated any hazardous or solid waste facility which has been the subject of an administrative or judicial enforcement action for a violation of environmental statutes or rules during the 5 years before the date of the application.                   |
| (4) | No individual or entity listed above has been the subject of any administrative or judicial enforcement action for a violation of environmental statutes and rules during the 5 years before the date of the application.   |
| (5) | All hazardous and solid waste facilities owned or operated in New Hampshire by any individual or entity listed above are in compliance with either:<br>(a) All applicable environmental statutes, rules, and DES permit requirements; or<br>(b) A DES approved schedule for achieving compliance therewith. |
| (6) | All individuals and entities listed above are in compliance with all civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order to which DES is a party.  |
| (7) | All individuals and entities listed above have paid, or are in compliance with the payment schedule for any administrative fine assessed by DES.  |
| (8) | All individuals and entities listed above are in compliance with all terms and conditions under every administrative order, court order or settlement agreement relating to programs implemented by DES.  |

Signature(s) certifying the above statements are true:

Permittee/Applicant Name (Print Clearly or Type) \_\_\_\_\_

Permittee/Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional signatures of all new individuals/entities, if the proposed modification is for a change in organizational structure, or a change in individuals/entities holding 10% or more of the permittee's debt or equity, or a change in officers, directors, partners, or individuals/entities having managerial or supervisory or substantial decision-making authority and responsibility for facility operations:

Signature(s) of Each New Individual/Entity:	Printed Name of Each New Individual/Entity	Date of Signature

## SECTION VI. PERMITTEE/APPLICANT SIGNATURE REQUIREMENTS

The permittee/applicant must sign the following statement prior to submitting this application. All copies of the application filed with DES must bear the permittee's/applicant's ORIGINAL signature. If the permittee/applicant is not an individual, an individual duly authorized by the permittee/applicant shall sign the application.

(1)	The permittee/applicant understands that the following conditions shall apply to any approval granted based on this application for permit modification:
(a)	If the approval is to effect a change in facility operating hours, the approval shall be valid only to the extent that the change does not involve hours outside a 6 AM to 6 PM operating window or an alternative window if specified in the permit or, for a limited private facility receiving no waste from off-site locations, a window consistent with local requirements, if any.
(b)	If the approval is to effect a change in an above-ground site feature, the approval shall be valid only to the extent that the change does not alter the permitted function of the facility or change the basis of the approved facility design or violate any applicable siting criteria specified in the New Hampshire Solid Waste Rules (Env-Sw 100-300 and 400-2000), and is merely a change to improve facility operations within the limits specified in the permit.
(c)	If the approval is to effect a change in the type of select recyclable materials collected by the facility, the approval shall be valid only to the extent that the change does not increase the facility's approved storage capacity and does not require a change in the approved financial assurance plan of record for the facility, and the approval is subject to meeting the applicable collection, storage and transfer requirements set forth in Env-Sw 400.
(d)	If the approval is to use an alternative material for daily cover at a landfill, the approval shall be effective only to the extent that the material and its use meets the requirements in Env-Sw 806.03.
(e)	If the approval is to effect a change in the name of the permittee or facility, the approval shall expire pursuant to Env-Sw 305.06(e) if the permittee fails to publish a notice of the name change in a newspaper of general circulation in the host municipality and host solid waste district within 10 days after the effective date of the modification (i.e., date of the director's signature) and/or fails to send a copy of the published notice to DES within 10 days following publication.
(f)	If the approval is for a change in the organizational structure, or a change in individuals/entities holding 10% or more of the permittee's equity or debt, or a change individuals/entities having managerial or supervisory or substantial decision-making authority and responsibility for facility operations, or a change in officers, directors, or partners, the approval shall be valid only to the extent that the change does not constitute a change in facility ownership or operational control (i.e., a type IV permit modification pursuant to Env-Sw 315.02) and the permittee is able to certify compliance as specified in Section V above.
(2)	The permittee/applicant understands that any approval granted by DES based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply.
(3)	To the best of my knowledge and belief, the information and material submitted herewith is correct and complete.
(4)	I certify that this application is submitted on a complete and accurate form, as provided by DES, without alteration of the text.

Permittee/Applicant Name (Print Clearly or Type) \_\_\_\_\_

Permittee/Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION VII. PROPERTY OWNER SIGNATURE

The property owner, if different than the permittee/applicant, must also sign this form as follows. All copies of the application filed with DES must bear the property owner's ORIGINAL signature. If the property owner is not an individual, an individual duly authorized by the property owner shall sign the application.

(1)	I hereby affirm that the applicant has the legal right to occupy and use the property on which the subject facility is located for the purposes specified in this application.
(2)	I hereby affirm that I shall grant access to the property for closure and post-closure monitoring of the subject facility and site as required by RSA 149-M and the New Hampshire Solid Waste Rules, (Env-Sw 100-300 and Env-Sw 400-2000), as amended.

Property Owner Name (Print Clearly or Type) \_\_\_\_\_

Property Owner Signature \_\_\_\_\_

Date \_\_\_\_\_